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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL

MAY 16 2008

FORM D

Washington, DC 108

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY
Prefix	Serial
D	ATE RECEIVED

•		s an amendment and name has changed, and indica -Voting Common Stock Offering	ite change.)		
	Filing Unde	er (Check box(es) that apply): Rule 504 R	Rule 505 🖾 Rule 5	06	ULGEROCESSED
Type of Filing:	New Filin	_			MAY 2.22008
1. Enter the info	rmation requeste	d about the issuer	TONDATA		THOMOGNI DELITEDO
Name of Issuer (Koch Industries.	_	an amendment and name has changed, and indicate	change.)		' THOMSON REUTERS
Address of Execu	tive Offices	(Number and Street, City, State, Zip Cochita, Kansas 67220	de)	Telephone Number 316-828-5500	er (Including Area Code)
Address of Princi (if different from			de)	Telephone Number	er (Including Area Code)
Brief Description o Multinational con					
Type of Business O corporation business trus		limited partnership, already formed limited partnership, to be formed		other (please specify):	— (111111111111111111111111111111111111
		ration or Organization: anization: (Enter two-letter U.S. Postal Service abb CN for Canada: FN for other foreign juri		✓ Actual	Estimated
GENERAL INSTI	RUCTIONS	·			
Cadavala					

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state of exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION	N DATA		
2. Enter the information requested for the following:			
Each promoter of the issuer, if the issuer has been organized within the past five years;	-6 100/ as were after along of aguittu		of the icour
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of Each executive officer and director of corporate issuers and of corporate general and managing 			or the issuer.
Each general and managing partner of partnership issuers.	ing partiers of partitership issuers. 2.		
Check Box(es) that Apply: ☐ Promoter Executive Office	er 🛛 Director		General and/or Managing Partner
Full Name (Last name first, if individual)			
K 1 CL 1 C			
Koch, Charles G. Business or Residence Address (Number and Street, City, State, Zip Code)			
Business of Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220	11.		
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer	r 🔯 Director		General and/or Managing Partner
Full Name (Last name first, if individual)			
W . 6 . 11			
Koch, David H.	· -		· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Off	ficer 🛭 Director		General and/or Managing Partner
Full Name (Last name first, if individual)	- · · · · · · · · · · · · · · · · · · ·		ividing ing i di tilçi
Tail taile (Cast taile 115), it like thouse,			
Mahoney, James L.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer	Director		General and/or
Check Box(es) that Apply: Fromoter Beneficial Owner M Executive Officer	Director	u	Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·		gg
Hofman, Michael			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
-	□ Director		General and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer	☐ Director		Managing Partner
Full Name (Last name first, if individual)		-	
•			
Fink, Richard H.	·		
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
	. Director		General and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer	Director		Managing Partner
Full Name (Last name first, if individual)			
Packebush, Steven L.	_ · · · · · · · ·		
Business or Residence Address (Number and Street, City, State, Zip Code)			
20 Greenway Plaza, Houston, Texas 77046			

KC-1596388-2

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A. BASI	CIE	ENTIFICATION DA	TA			<u> </u>
2. Enter the information requested for the following Each promoter of the issuer, if the issuer has Each beneficial owner having the power to w Each executive officer and director of corpo Each general and managing partner of partners	g: been organized within the ote or dispose, or direct to rate issuers and of corpor	ie pa	st five years; ote or disposition of, 10	% or			of the issuer;
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	⊠	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if individual)						<u>_</u>	
Feilmeier, Steven J.							
Business or Residence Address (Number and Stre	et, City, State, Zip Code)						
4111 E. 37th St., North, Wichita, Kansas 67220							
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Ճ	Executive Officer		Director	. 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)							
Pittenger, John C.							
Business or Residence Address (Number and Stre	et, City, State, Zip Code)						
4111 E. 37th St., North, Wichita, Kansas 67220							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner		☐ Executive Officer		☑ Director		General and/or Managing Partner
Full Name (Last name first, if individual)			-				
Gentry, Jeffrey N.	- C: C: C: C: L						
Business or Residence Address (Number and Street	et, City, State, Zip Code)						
4111 E. 37th St., North, Wichita, Kansas 67220							
Check Box(es) that Apply: Promoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Bushman, Randall A.							
Business or Residence Address (Number and Street	et, City, State, Zip Code)						
4111 E. 37th St., North, Wichita, Kansas 67220							
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☒	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)			-				
Gibbens, Dale							
Business or Residence Address (Number and Street	t, City, State, Zip Code)						
4111 E. 37th St., North, Wichita, Kansas 67220							
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Humphrey, Mark							
Business or Residence Address (Number and Stree	t, City, State, Zip Code)						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

4111 E. 37th St., North, Wichita, Kansas 67220

		A. BAS	IC II	DENTIFICATION D.	ATA			
Enter the information requested for the follo Each promoter of the issuer, if the issue Each beneficial owner having the power Each executive officer and director of compared to the each general and managing partner of positive services.	r has b r to vo orpora	peen organized within te or dispose, or direct te issuers and of corpo	the v	ote or disposition of, 1				of the issuer:
Check Box(es) that Apply: Promoter		Beneficial Owner	<u> </u>	Executive Officer	C] Director		General and/or Managing Partner
Full Name (Last name first, if individual)	-							
Vaupel, Ronald D.								
Business or Residence Address (Number and	Street	, City, State, Zip Code)					
4111 E. 37th St., North, Wichita, Kansas 67	220							
Check Box(es) that Apply: Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)								
Mawer, Stephen P.							,	
Business or Residence Address (Number and	Street	, City, State, Zip Code)					
4111 E. 37th St., North, Wichita, Kansas 67	220							
Check Box(es) that Apply: Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if individual)								
Varner, S.V.								
Business or Residence Address (Number and	Street	, City, State, Zip Code)	<u>.</u>				
4111 E. 37th St., North, Wichita, Kansas 677	220							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

KC-1596388-2

A, BASIC IDI	ENTIFICATION DATA		
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past Each beneficial owner having the power to vote or dispose, or direct the vot Each executive officer and director of corporate issuers and of corporate ge Each general and managing partner of partnership issuers. 	te or disposition of, 10% or	more of a class of equity securities s of partnership issuers; and	of the issuer;
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Marshall, Elaine T*			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
	Executive Officer	☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)			
Holden, Mark V.		<u> </u>	
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
	Executive Officer 🛛	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Robertson, David L.		***	
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Moeller, Joseph	·		
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220		 .	
	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)		<u> </u>	<u> </u>
Business of Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
May, David J.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4111 E. 37th St., North, Wichita, Kansas 67220	National and the action of the action of		
(Use blank sheet, or copy and use add	imonal copies of this sheet, a	as necessary.)	

^{*}Elaine T. Marshall is the beneficial owner of 10% or more of only the issuer's non-voting common stock.

		В	. INFORMA	TION ABO	UT OFFER!	ING							
1.	Has the issi	er sold, or d	oes the issuer	intend to sel	l, to non-accr	edited invest	ors in this off	ering?	***************************************			Yes	No ⊠
				Answei	r also in Appe	ndix, Colum	n 2, if filing	under ULOE.					
2.	What is the	minimum in	vestment that	will be acce	pted from any	/ individual?.			**** *****		s	343,7	10.00
3.	Does the of	fering permit	joint ownersl	nip of a singl	e unit?							Yes ⊠	No □
4.	solicitation registered v	of purchaser vith the SEC	s in connectio and/or with a	n with sales state or state	of securities s, list the nar	in the offerit ne of the bro	ig. If a perso ker or dealer.	n to be listed	l is an associ	ated person o	or agent of a b	broker or	r deald
Full N	lame (Last nam	e first, if ind	ividual)									-	
Busine	ess or Residence	e Address (N	lumber and St	reet, City, S	tate, Zip Code	e)							
Name	of Associated	Broker or De	aler			<u></u>				· ·			
States	in Which Pers	on Listed Ha	s Solicited or	Intends to Sc	licit Purchase	ers					•		
(Checl	k "All States" (or check indiv	vidual States).			***************************************						☐ All St	ates
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ] (TX)	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[PA])]]
				[IN]	(01)	1 + + 1			[[,,,,]			
				reet, City, St	ate, Zip Code	:)							
States	in Which Perso	on Listed Has	Solicited or I	ntends to So	licit Purchase	ers							
(Check	k "All States" o	or check indiv	vidual States).							,		□ All St	ates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] ame (Last nam	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO [PA] {PR]	ĺ
	\	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,										
Busine	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchagers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer with the SEC and/or with a state or state, first the name of the broker or dealer, if more than five (5) persons to be listed are associated persons of such a broker or dealer, only as the first the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check, "All States" or check individual States) (Check, "All States" or check individual States) (Check, "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check, "All States" or check individual States) (Check, "All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check, "All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check, "All States" or chec												
Name	of Associated	Broker or Dea	aler				•						
States	in Which Perso	on Listed Has	Solicited or I	ntends to So	licit Purchase	ers							
(Check	c "All States" o	or check indiv	idual States)				***************************************				***************************************	□All St	ates
[AL] (IL) [MT] [RI]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] (NY)	[MD] [NC]	(MA) [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

transaction is an exchange offering, check this box \square and indicate exchanged.	Aggregate	Amount Alre
Type of Security	Offering Price	Sold
Debt		<u>0</u>
Equity	\$ <u>22,684,860.0</u>	<u>0</u> \$22,684,860,0
☑ Non-Voting Common ☐ Preferred	☐ Units	
Convertible Securities (including warrants)	s <u> </u>	\$
Partnership Interests	\$ <u>0</u>	\$
Other (Specify)	\$ <u> </u>	\$
Total		<u>\$22.684.860</u>
Enter the number of accredited and non-accredited investors who hav amounts of their purchases. For offerings under Rule 504, indicate th aggregate dollar amount of their purchases on the total lines. Enter	ne number of persons who have purchased securities and the	
	Number of Investors	Aggregate Dollar Amou of Purchase
Accredited Investors Non-accredited Investors		\$ <u>22,684,860.0</u> \$0.0
Total (for filings under Rule 504 only)		
tout (tot mings and of the box only)		\$
Answer also in Appendix, Column 4, if filing under U	JLOE.	\$
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	JLOE. nation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security	
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	JLOE. nation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security	s by Dollar Amo
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	JLOE. nation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security	s by Dollar Amo
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	JLOE. nation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the a	Dollar Amo Sold \$ \$ \$ \$ e amounts
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	anation requested for all securities sold by the issuer, to date of the first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the appropriate of the left of the estimate.	Dollar Amo Sold \$ \$ \$ \$ e amounts
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	ation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the appropriate of the left of the estimate.	Dollar Amo Sold \$ \$ \$ \$ e amounts
Answer also in Appendix, Column 4, if filing under Under Under Education States of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	anation requested for all securities sold by the issuer, to date the first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the appropriate of the estimate.	S by Dollar Amo Sold S S S e amounts mount of
Answer also in Appendix, Column 4, if filing under Und	ation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Exclud in may be given as subject to future contingencies. If the appropriate of the estimate.	S by Dollar Amo Sold S S S e amounts mount of S S S e amounts
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	ation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the appropriate of the estimate.	S by Dollar Amo Sold S S S e amounts mount of S S S S S S S S S S S S S S S
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	ation requested for all securities sold by the issuer, to date first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the appropriate of the estimate.	S by Dollar Amo Sold S S S e amounts mount of S S S S S S S S S S
Answer also in Appendix, Column 4, if filing under U If this filing is for an offering under Rule 504 or 505, enter the inform offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1. Type of offering Rule 505	anation requested for all securities sold by the issuer, to date a first sale of securities in this offering. Classify securities Type of Security e and distribution of the securities in this offering. Excluding may be given as subject to future contingencies. If the abothe left of the estimate.	Dollar Amo Sold \$ \$ \$ \$ e amounts mount of \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

	b. Enter the difference between the aggresponse to Part C - Question 4.a. This dif	regate offering price given in response to Part C - Question ference is the "adjusted gross proceeds to the issuer."	l and	l total expenses fu	rnished	in \$ <u>22,684,360,</u>	0
5.	the amount for any purpose is not known, I	gross proceeds to the issuer used or proposed to be used fo furnish an estimate and check the box to the left of the esting ds to the issuer set forth in response to Part C - Question 4	mate.	The total of the pa	nown. I nyments	ſ	
				Payment to Officers, Directors, & Affiliates		Payments to Others	
	Salaries and fees			\$ <u>0</u>		s 0	
	Purchase of real estate			s 0		S0	
	Purchase, rental or leasing and instal	lation of machinery and equipment		\$0		s 0	
	Construction or leasing of plant build	lings and facilities		s 0		s <u>0</u>	
	Acquisition of other businesses (inclumnay be used in exchange for the asse	ading the value of securities involved in this offering that ts or securities of another issuer pursuant to a merger)	0	s <u>0</u>		s 0	
	Repayment of indebtedness			s 0		s 0	
	Working capital			s 0	⋈	\$ <u>22,684,360,00</u>	
				s		S	
	Column Totals			s 0	☒	\$ <u>22,684,360.00</u>	
	Total Payments Listed (Column total	s added)		⊠ S2	2,684,3	60.00	
		· · · · · · · · · · · · · · · · · · ·					_
	·	D, FEDERAL SIGNATURE		 .			_
ın unde	er has duly caused this notice to be signed by taking by the issuer to furnish to the U.S. Sec edited investor pursuant to paragraph (b)(2) o	the undersigned duty authorized person. If this notice is a urities and Exchange Commission, upon written request of Rule 502.	iled ui f its st	nder Rule 505, the aff, the information	following for formis	ing signature constitut shed by the issuer to as	e:
	(Print or Type)	Signature J. F. J.	Date	15-14-	200	8	
	of Signer (Print or Type)	Title of Signer (Print or Type)			,	200.	_
<u>لک</u>	even J. Feilmeier	Ex. Vice President and Ch	الحا	Financi	al (Officer	
		ATTENTION					_
	Intentional misstatement	s or omissions of fact constitute federal criminal violati	ons. (See 18 U.S.C. 10	01.)		_

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

_	E. STATE SIGNATURE		
l.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17	CFR 239.	.500) at

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) a such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Koch Industries, Inc.	Signature Leve J. Filmer	Date 05-14-2008
Name (Print or Type) Steven J. Feilmeier	Sx. Vice President and Chief	Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Intend to sell to Non-accredited Investors in State (Part B-Herm 1) State Yes No No Number of Accredited Investors Non-Accredited Investors Non-Accredited Investors Non-Accredited Investors Accredited Investors Non-Accredited Investors Non-Accre		1 2		3	4			***	5			
State Yes No		Intend to Non-accre	edited in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State*						
AK	State	Yes	No		Accredited	Amount	Non- Accredited	Amount		No		
AZ	AL						<u></u>	· · · · · · · · · · · · · · · · · · ·				
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State	Intend to sell to Non-accredited Investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and Amount purchased in State* (Part C-Item 2)				Disqualification Under State ULOE (if yes, Attach Explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
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